



# VEHICLE TITLE APPLICATION

Please Type or Print Plainly

## TITLE OPTIONS

- ☐ Original  
☐ Transfer  
☐ Duplicate  
☐ Change R/O Name

- ☐ Chg Title Data  
☐ Chg License Data  
☐ Add/Del/Chg L/O  
☐ Foreign L/O

## NO TITLE ISSUED OPTIONS

- ☐ Ownership in Doubt  
☐ Double Transfer  
☐ Dual Reg  
☐ Mobile Home Elim.

☐ w/Registration

## OTHER OPTIONS

- ☐ Replace Plate  
☐ Replace Tab  
☐ Insp Fee  
☐ Corr. No Fee

☐ Dealer Temp-CR

PLATE OR TPO		TAB NUMBER		COLOR #1 Top or Front Color		COLOR #2 Bottom of Rear Color		VEHICLE IDENTIFICATION (VIN) NUMBER				
MOD YR	PWR	USE	MAKE	SERIES/BODY TYPE		MODEL ID		VALUE CODE	YR	PREVIOUS STATE		
CYCLE ENGINE OR MOTOR HOME NUMBER			TAX CD	FLEET CODE		EQUIPMENT#		MO REG	REG EXP DATE	SCALE WEIGHT	SEATS	
MILEAGE		CODE	PREV STATE		<input type="checkbox"/> <b>USE TAX EXEMPT:</b> Private automobile was purchased and used by me in another state for a minimum of 90 days while I was a bonafide resident, before I entered Washington on _____. (Must be used in WA for personal and family transportation only.) <input type="checkbox"/> <b>GIFT:</b> Donor previously paid Washington State sales/use tax. <input type="checkbox"/> <b>INHERITANCE:</b> Washington sales/use tax paid by testator. <input type="checkbox"/> Transferred to <b>SPOUSE</b> . <input type="checkbox"/> Sale to <b>INDIAN ON THE RESERVATION</b> . Notarized statement is attached.						FILING FEE	
SPECIAL OPTIONS <input type="checkbox"/> DAV <input type="checkbox"/> NRM <input type="checkbox"/> Native American <input type="checkbox"/> Joint Tenants With Rights Of Survivorship <input type="checkbox"/> Leased <input type="checkbox"/> Bonded <input type="checkbox"/> Reg Only <input type="checkbox"/> No Title Issued <input type="checkbox"/> NON-ROADWORTHY											LICENSE SERVICE FEE	
DECLARED GWT		MONTH GWT	GWT EXP		PURCHASE PRICE		TAX JURISDICTION		TAX RATE		CLEAN AIR	
COUNTY	INCORPORATED <input type="checkbox"/>	UNINCORPORATED <input type="checkbox"/>	NUMBER OF REGISTERED OWNERS:		NUMBER OF LEGAL OWNERS:		Please provide the Dep't of Licensing Customer "NUMBER" for each owner:				LOCAL OPTION	
REGISTERED	NAME OF FIRST REGISTERED OWNER			Last	First	Middle Initial						BASIC LICENSE FEE
	NAME OF SECOND REGISTERED OWNER			Last	First	Middle Initial						AQUATIC WEED
	NAME OF THIRD REGISTERED OWNER			Last	First	Middle Initial						APPLICATION FEE
	ADDRESS OF FIRST REGISTERED OWNER									This "NUMBER" may be found on your Washington (WA) Driver's License, or WA Identification Card, -- OR -- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.		PLATE OR TAB FEE
	ADDRESS, CONTINUED											INSP/VIN ASSIGN
	CITY			STATE	ZIP CODE							SALES/USE TAX
LEGAL	NAME OF FIRST LEGAL OWNER			Last	First	Middle Initial						PENALTY FEE
	NAME OF SECOND LEGAL OWNER			Last	First	Middle Initial						ARBITRATION FEE
	ADDRESS OF FIRST LEGAL OWNER									For more than three Registered or two Legal Owners, please attach additional applications for title.		TRAUMA CARE FEE
	ADDRESS, CONTINUED											LPG
	CITY			STATE	ZIP CODE							GROSS WEIGHT FEE
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine of \$5,000 and or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Registered Owner Signature(s) _____ X X X Notary Signature _____ X PRINTED NOTARY NAME OR LICENSE AGENT # _____					DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected. WA DLR NO. _____ DEALER NAME _____ DEALER'S AUTHORIZED SIGNATURE _____ VEHICLE IS: (X) NEW <input checked="" type="checkbox"/> USED <input type="checkbox"/> PREVIOUSLY TITLED: <input type="checkbox"/>					DATE OF SALE _____ DATE OF DELIVERY _____ GWT CREDIT (ATTACH PROOF) TOTAL FEES & TAX SUBAGENT FEE (DO NOT INCLUDE IN TOTAL)		
Subscribed & Sworn Before Me This _____ Day of _____ YR _____ Residing in _____ County _____					REMARKS:							